

# MEDICAID BEHAVIORAL HEALTH SERVICES DURING COVID-19

*Current System Functioning and Enhancement Updates*

*Medicaid Member Advisory Committee*

*October 26<sup>th</sup>, 2020*





## PRESENTING TODAY

Ashley Harrell, LCSW  
ARTS Senior Program Advisor, DMAS



Laura Reed, LCSW  
Behavioral Health Senior Program  
Advisor (Acting), DMAS

# Executive Order Fifty-One - March 12, 2020



*Commonwealth of Virginia  
Office of the Governor*

## *Executive Order*

**NUMBER FIFTY-ONE (2020)**

**DECLARATION OF A STATE OF EMERGENCY  
DUE TO NOVEL CORONAVIRUS (COVID-19)**

Working with the Department of Medicaid Assistance Services, Governor Northam is increasing access to healthcare for Virginia's 1.5 million Medicaid members and thousands of low-income residents.

# Medicaid Behavioral Health During COVID-19

## Behavioral Health Provider Flexibilities

- **Telehealth delivery for nearly all BH services and allowance for member home to serve as originating site**
  - Telehealth includes Telephonic (audio) only services
  - Allowance of initial visit for treatment of opioid use disorder to be through telehealth/telephonic delivery
  - Limits on audio-only CMHRS services and delivery of group face to face services
- **14 day grace period** for submission of Service Authorizations
- **Flexibility around hourly requirements** for ASAM Levels 2.1 and 2.5
- **Allowance for Opioid Treatment Programs to be reimbursed** for delivery of medications to member's location as well as take-home dosage administration.
- Reimbursement for a **maximum 90 day supply** of pharmaceuticals, including buprenorphine.
- **Flexibilities of urine drug tests and counseling requirements** for individuals to receive pharmacotherapy for SUD treatment.

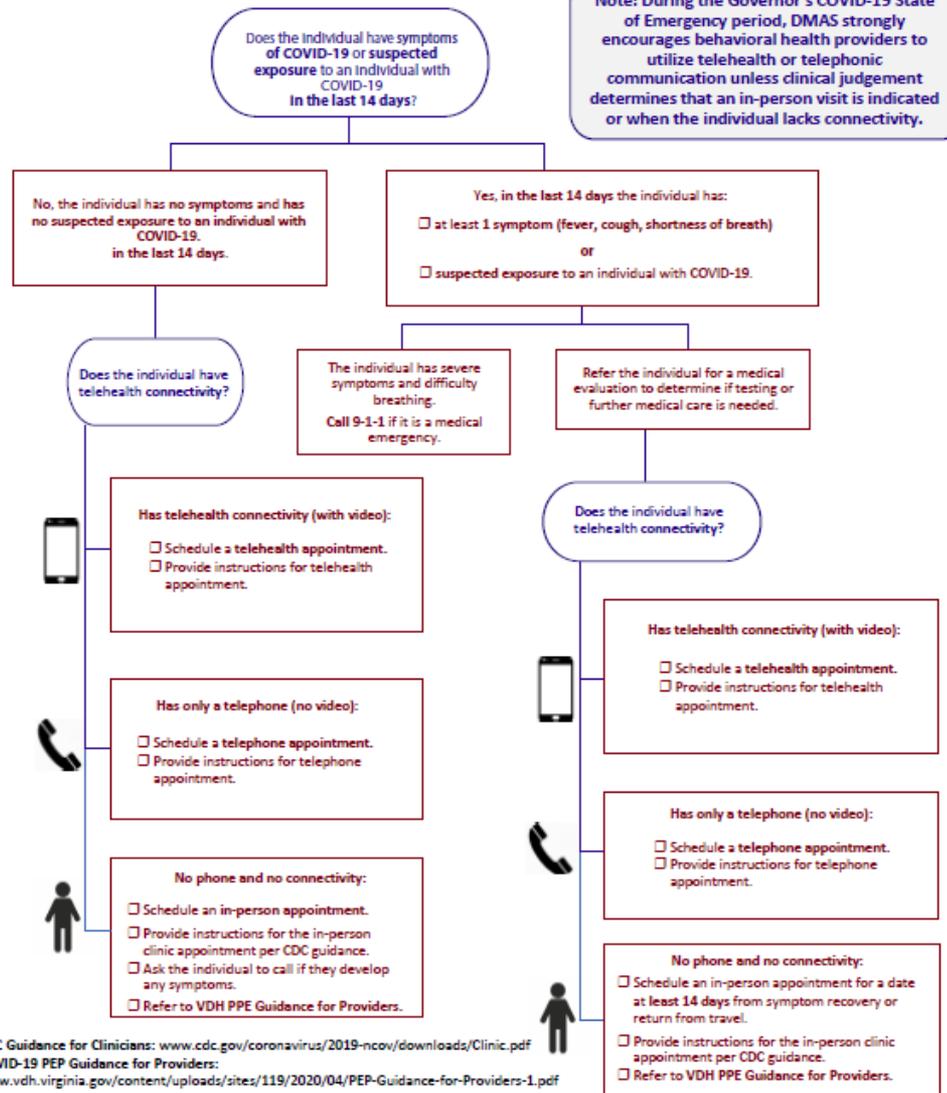
# Leveraging Telehealth

## Collaborative Efforts

- State agencies with Health and Human Resources
- Other state and national resources
- DMAS Contractors

Special thanks to the State of Hawaii for leveraging their guidance on telehealth for Behavioral Health providers.

Replicated from Hawaii Telehealth Decision Tree  
Web: <https://bhhsurg.hawaii.gov>



# Medicaid Behavioral Health During COVID-19

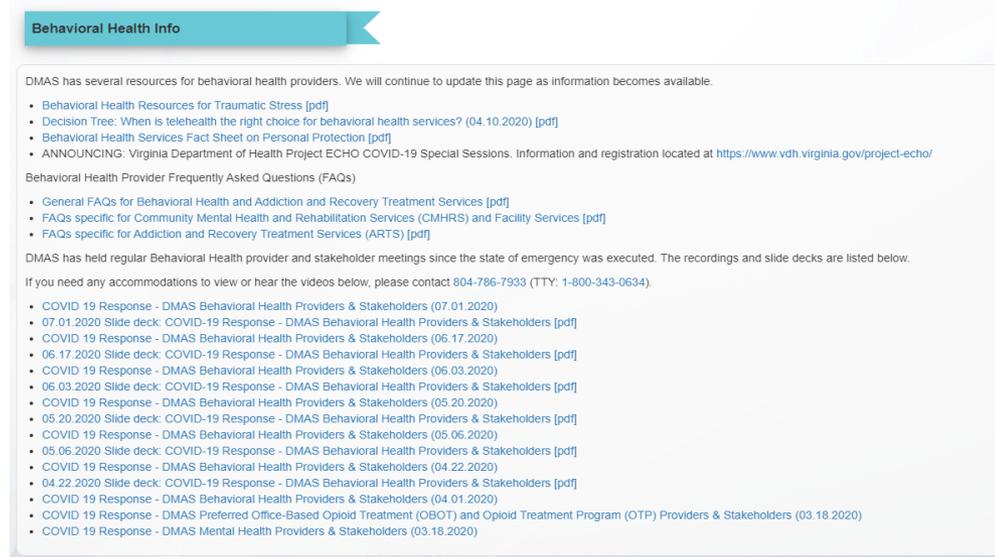
## *Inter-Agency BH Collaboration*

- Congregate Care Memo: **DSS-OCS-DBHDS-DMAS**
- Service Recommendations: **DBHDS-DMAS**
- School-Based Mental Health Support: **DOE-OCS-DBHDS-DMAS**
- Executive Order 57: Expanded Workforce: **DHP Coordination**

Temporary License Type	April Totals	May Totals	June Totals	TOTAL
Clinical Psychologist	123	180	5	308
LPC	96	138	7	241
LMFT	19	36	2	57
LCSW	54	166	8	228
Total	292	520	22	834

# Behavioral Health Provider and Member Communication

- **Weekly and then Bi-Weekly BH Provider Calls** attended by 150-450 providers each session
- Consistent **Stakeholder Email Updates**
- **COVID Response Website**
  - Clinical resources
  - Decision tree
  - PPE Fact Sheet
  - FAQs
  - Slide decks
  - Recorded webinars
- **Behavioral Health Resources for Members**



The screenshot shows a webpage titled "Behavioral Health Info" with a teal header. The main content area is white and contains several bullet points and paragraphs. The text is as follows:

**Behavioral Health Info**

DMAS has several resources for behavioral health providers. We will continue to update this page as information becomes available.

- Behavioral Health Resources for Traumatic Stress [pdf]
- Decision Tree: When is telehealth the right choice for behavioral health services? (04.10.2020) [pdf]
- Behavioral Health Services Fact Sheet on Personal Protection [pdf]
- ANNOUNCING: Virginia Department of Health Project ECHO COVID-19 Special Sessions. Information and registration located at <https://www.vdh.virginia.gov/project-echo/>

Behavioral Health Provider Frequently Asked Questions (FAQs)

- General FAQs for Behavioral Health and Addiction and Recovery Treatment Services [pdf]
- FAQs specific for Community Mental Health and Rehabilitation Services (CMHRS) and Facility Services [pdf]
- FAQs specific for Addiction and Recovery Treatment Services (ARTS) [pdf]

DMAS has held regular Behavioral Health provider and stakeholder meetings since the state of emergency was executed. The recordings and slide decks are listed below.

If you need any accommodations to view or hear the videos below, please contact 804-786-7933 (TTY: 1-800-343-0634).

- COVID 19 Response - DMAS Behavioral Health Providers & Stakeholders (07.01.2020)
- 07.01.2020 Slide deck: COVID-19 Response - DMAS Behavioral Health Providers & Stakeholders [pdf]
- COVID 19 Response - DMAS Behavioral Health Providers & Stakeholders (06.17.2020)
- 06.17.2020 Slide deck: COVID-19 Response - DMAS Behavioral Health Providers & Stakeholders [pdf]
- COVID 19 Response - DMAS Behavioral Health Providers & Stakeholders (06.03.2020)
- 06.03.2020 Slide deck: COVID-19 Response - DMAS Behavioral Health Providers & Stakeholders [pdf]
- COVID 19 Response - DMAS Behavioral Health Providers & Stakeholders (05.20.2020)
- 05.20.2020 Slide deck: COVID-19 Response - DMAS Behavioral Health Providers & Stakeholders [pdf]
- COVID 19 Response - DMAS Behavioral Health Providers & Stakeholders (05.06.2020)
- 05.06.2020 Slide deck: COVID-19 Response - DMAS Behavioral Health Providers & Stakeholders [pdf]
- COVID 19 Response - DMAS Behavioral Health Providers & Stakeholders (04.22.2020)
- 04.22.2020 Slide deck: COVID-19 Response - DMAS Behavioral Health Providers & Stakeholders [pdf]
- COVID 19 Response - DMAS Behavioral Health Providers & Stakeholders (04.01.2020)
- COVID 19 Response - DMAS Preferred Office-Based Opioid Treatment (OBOT) and Opioid Treatment Program (OTP) Providers & Stakeholders (03.18.2020)
- COVID 19 Response - DMAS Mental Health Providers & Stakeholders (03.18.2020)

# Virginia Medicaid is taking action to fight COVID-19



No co-pays for any Medicaid or FAMIS covered services



No pre-approvals needed and automatic approval extensions for many critical medical services



Outreach to higher risk and older members to review critical needs



90 day supply of many routine prescriptions



Ensuring members do not inadvertently lose coverage due to lapses in paperwork or a change in circumstances



Encouraging use of telehealth

Medicaid covers all COVID-19 testing and treatment. Call your doctor.



More Info: [www.dmas.virginia.gov/#/emergencywaiver](http://www.dmas.virginia.gov/#/emergencywaiver)  
Questions: [dmas.virginia.gov/contactforms/#/general](http://dmas.virginia.gov/contactforms/#/general)

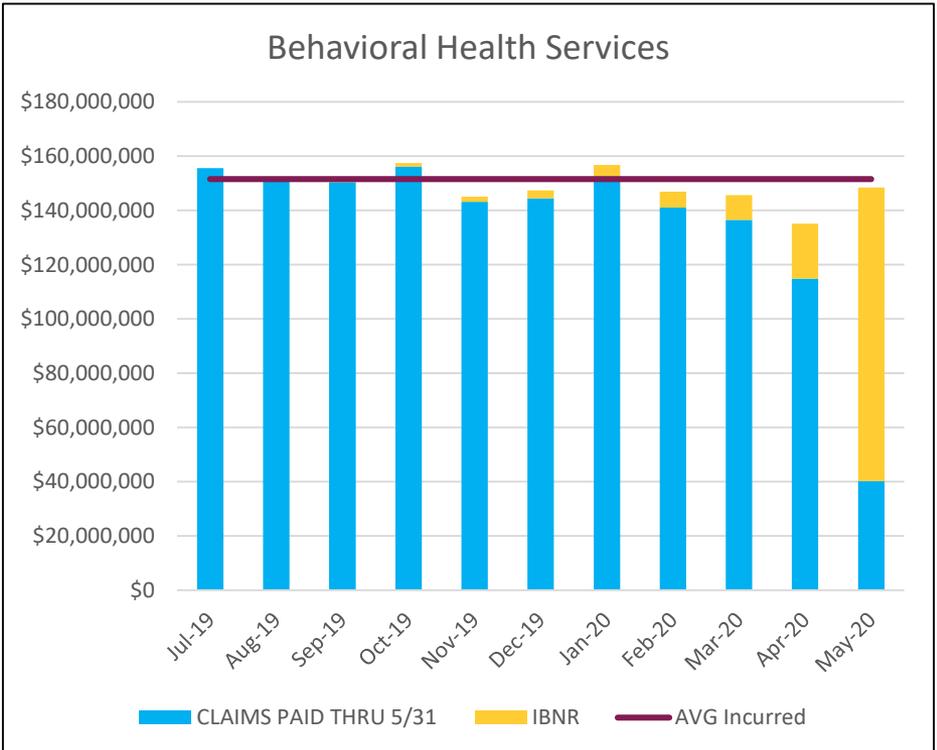
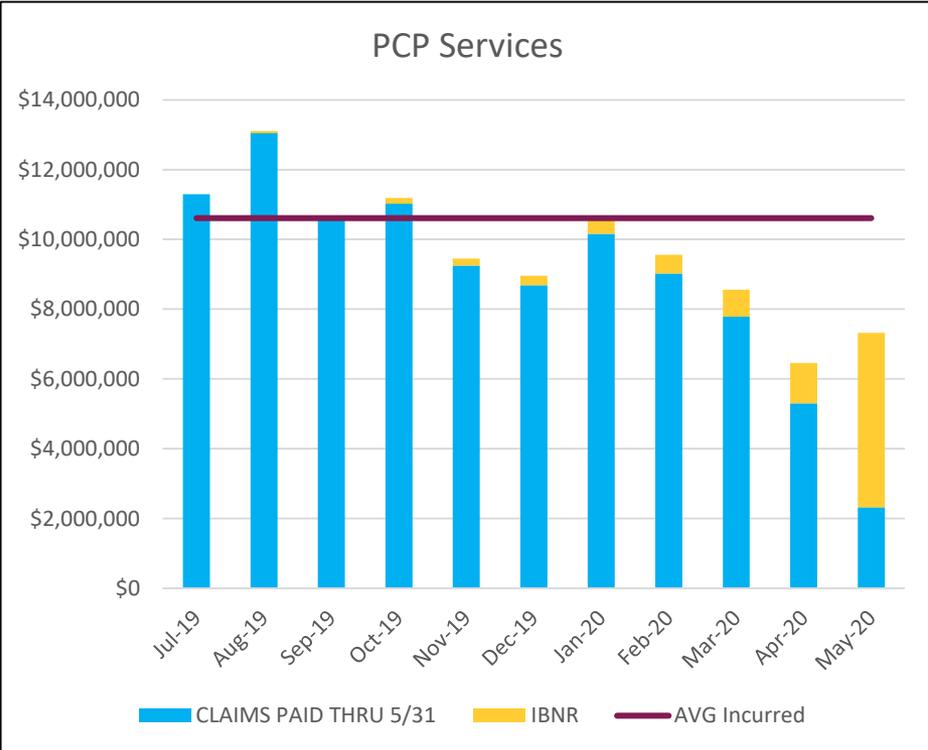
# BEHAVIORAL HEALTH SERVICES UTILIZATION DURING COVID

# Overall Trend of Behavioral Health Services

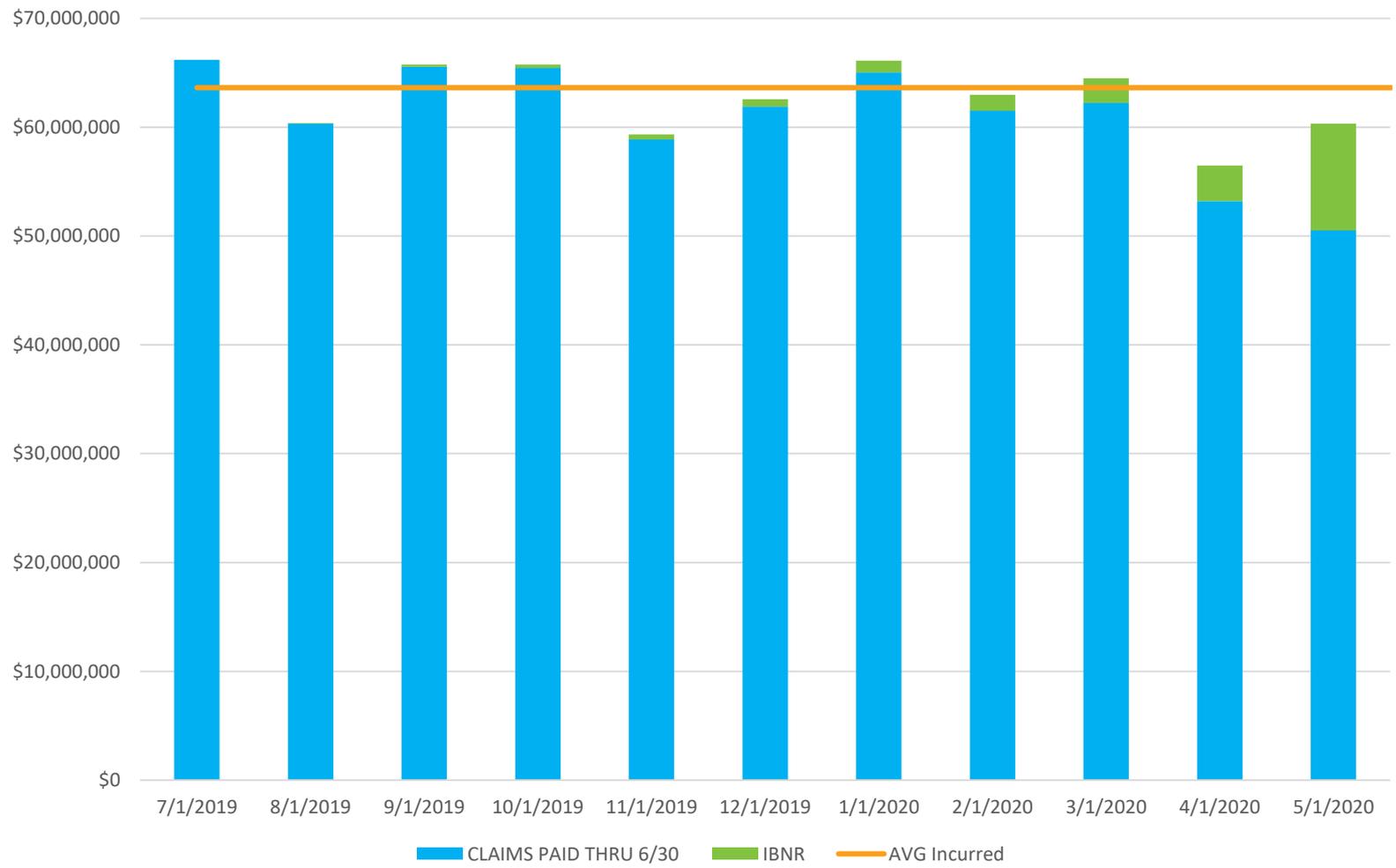
Goal: Primary care (including adult PCP, Pediatricians, and OBGYNs), and behavioral health

- PCP service expenditures significantly decreased during COVID-19 emergency
  - Decreased by **31%** in April
  - Decreased by **39%** in May

- Behavioral health services remained largely stable during COVID-19 emergency
  - Decreased by **11%** in April
  - Decreased by **2%** in May

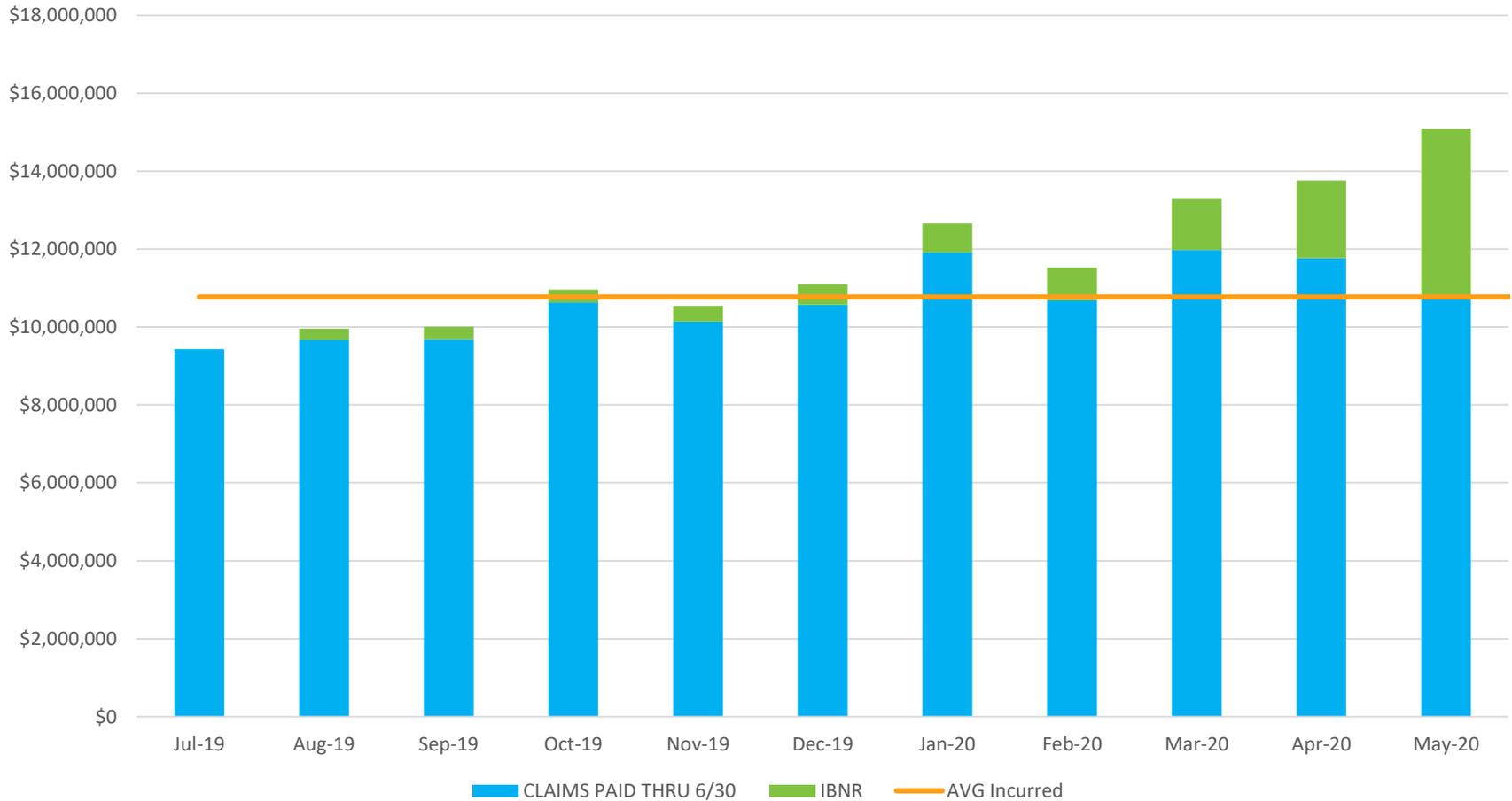


# Community Mental Health and Rehabilitation Services (CMHRS) Utilization During COVID



# Addiction & Recovery Treatment Services (ARTS) Utilization During COVID

## MCO Expenditure Report Category of Service



# Telehealth Utilization

## Top 10 Diagnostic Categories

1. ADHD
2. Opioid Disorders
3. Mood Disorders
4. Autism
5. Anxiety Disorders
6. PTSD
7. Psychosis (Schizophrenia)
8. Adjustment Disorder
9. Hypertension
10. Oppositional Defiant Disorder



Top BH Telehealth providers:  
**Community Services Boards (CSBs)**



**Increase in the use of Telehealth within these services:**

Psychotherapy

Therapeutic Day Treatment (TDT)

Intensive In-Home Services (IIH)

Opioid Counseling

Psychosocial Rehabilitation (PSR)

# Summary

Overall, **BH service utilization has remained relatively stable**, likely due to telehealth allowances.

This is consistent with other states and national trends

There are some areas of variability due to the nature/context of some services (group service limitations, school closures).

We are not (yet) seeing a surge of new members seeking BH services in the current window of assessment, though anticipate those trends as the state of emergency and social distancing continues.

**Providers were able to adapt and use a combination of telehealth and face-to-face service delivery models** to continue to provide services.

# Governor's Budget Funding Summary

## ***UN-ALLOTTED DUE TO COVID-19***

- Allow FAMIS MOMS access to SUD treatment in an Institution for Mental Diseases (MH/SUD facilities with more than 16 beds)
- Expand the Preferred Office-Based Opioid Treatment (OBOT) model to cover other substance use disorders like alcohol, cocaine, and methamphetamine.
- Authorize and fund an increase in the Reimbursement Rate for Licensed Mental Health Professionals.
- New care coordination benefit for incarcerated individuals who are Medicaid eligible and have pending release within 30 days
- Behavioral Health Enhancement

# BEHAVIORAL HEALTH ENHANCEMENT (BHE) INITIATIVE UPDATE

# Enhanced Behavioral Health Services for Virginia

## Re-Allotted

### Vision

*Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:*



#### High Quality

Quality care from quality providers in community settings such as home, schools and primary care



#### Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment



#### Trauma-Informed

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



#### Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

# Enhancement of Behavioral Health Services: *Current Priorities Explained*

## What are our top priorities at this time?

Implementation of **SIX** high quality, high intensity and evidence-based services that have demonstrated impact and value to patients

Services that currently exist and are licensed in Virginia **BUT are not covered by Medicaid or the service is not adequately funded through Medicaid**

Partial Hospitalization Program (PHP)

Program of Assertive Community Treatment (PACT)

Multi-Systemic Therapy (MST)

Intensive Outpatient Program (IOP)

Comprehensive Crisis Services (Mobile Crisis, Intervention, Residential, 23Hr Observation)

Functional Family Therapy (FFT)

## Why Enhancement of BH for Virginia?

- ✓ Provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care, which will assist with the psychiatric bed crisis
- ✓ Demonstrated cost-efficiency and value in other states

# Enhancement of Behavioral Health Services

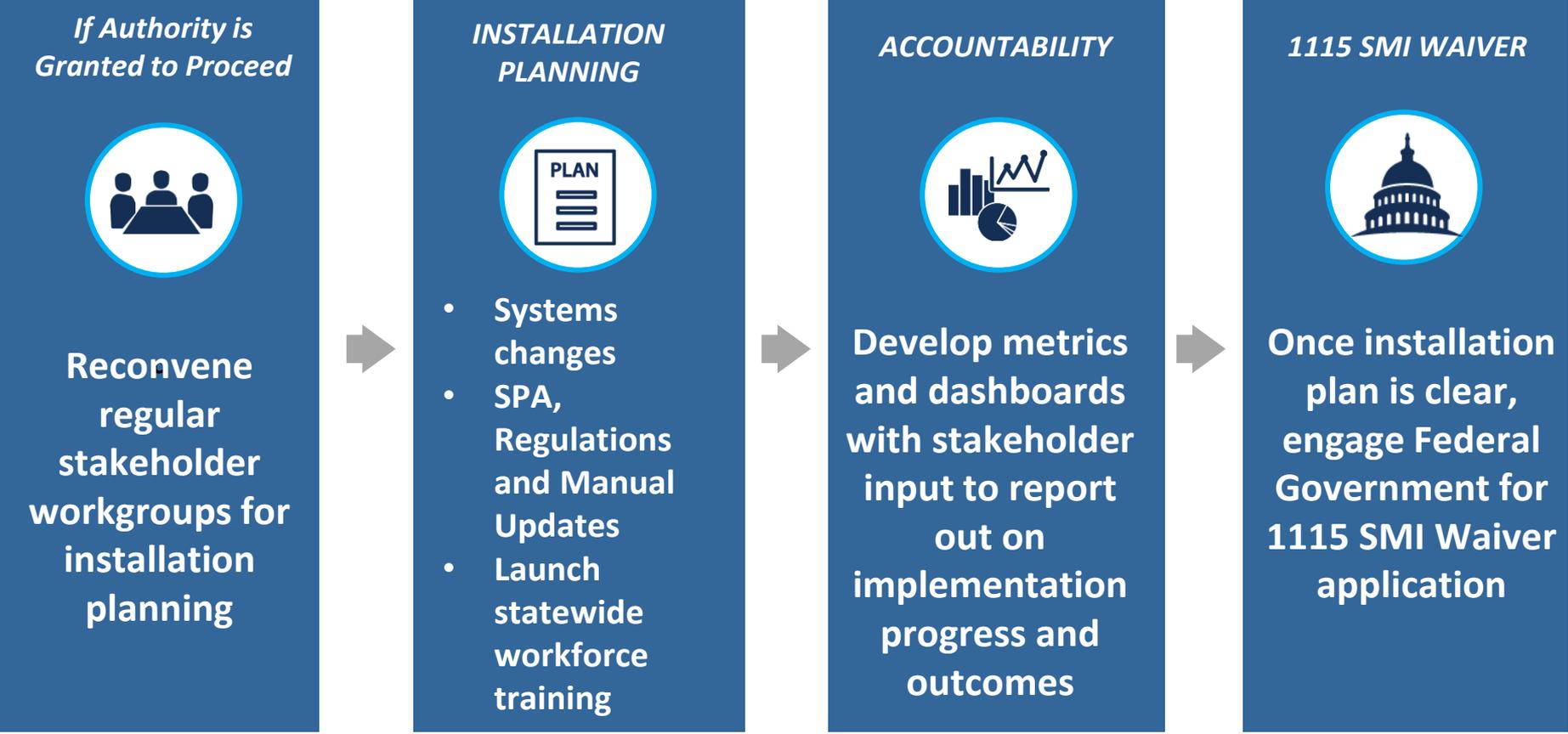
## Governor's Budget Funding Summary: **Re-Allotted**

	Fiscal Year TBD	Fiscal Year TBD
General Fund	\$3,028,038	\$10,273,553
Non-General Funds	\$4,127,378	\$14,070,322
<b>TOTAL FUNDS</b>	<b>\$7,155,416</b>	<b>\$24,343,875</b>

**Implementation Timeline TBD**  
Multi-Systemic Therapy  
Functional Family Therapy  
Assertive Community Treatment

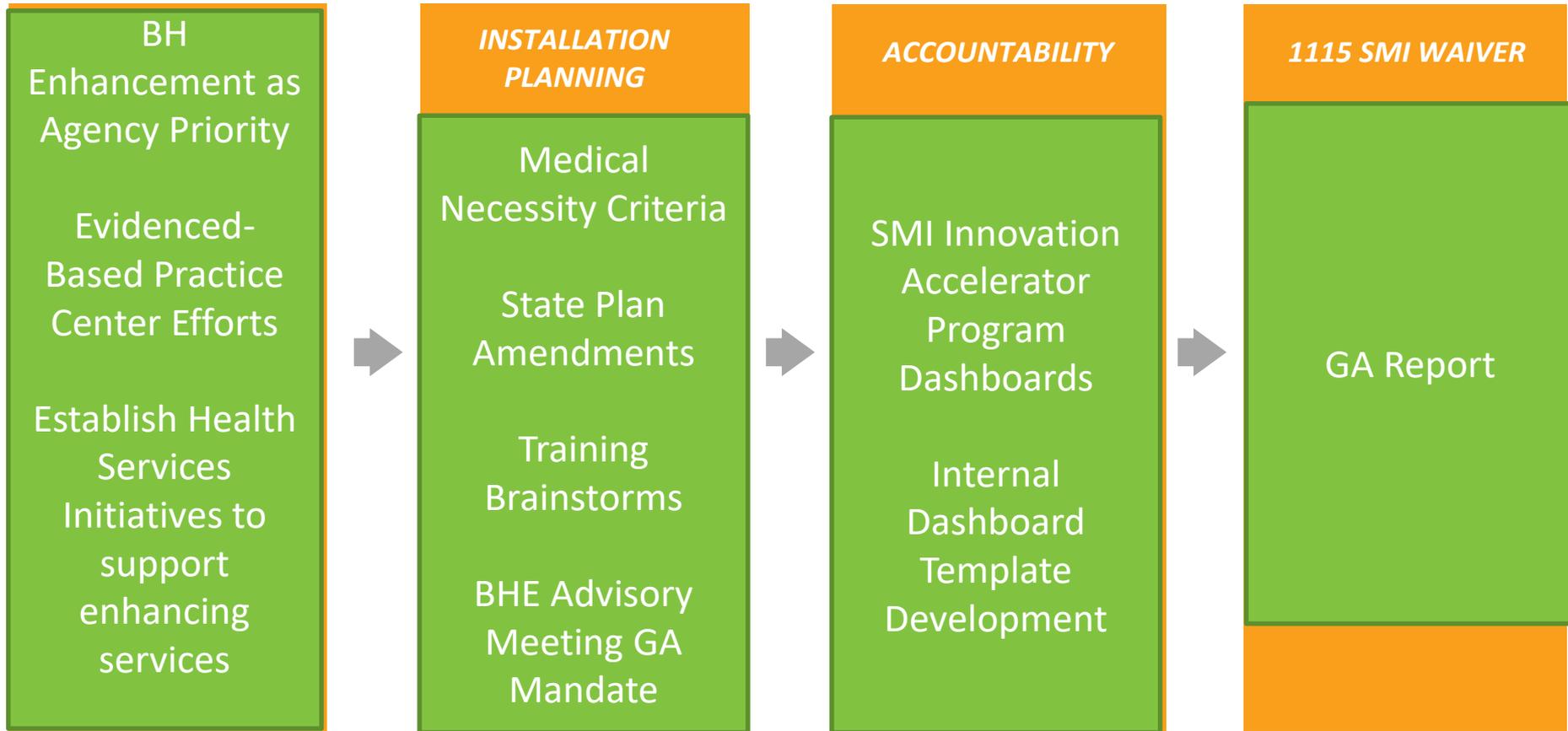
**Implementation Timeline TBD**  
Comprehensive Crisis Services  
Partial Hospitalization  
Intensive Outpatient

# Enhancement Implementation Steps



Throughout this process, we commit to continued interagency partnership with DBHDS as well as continued alignment efforts with DSS-DOE-DJJ-DOC

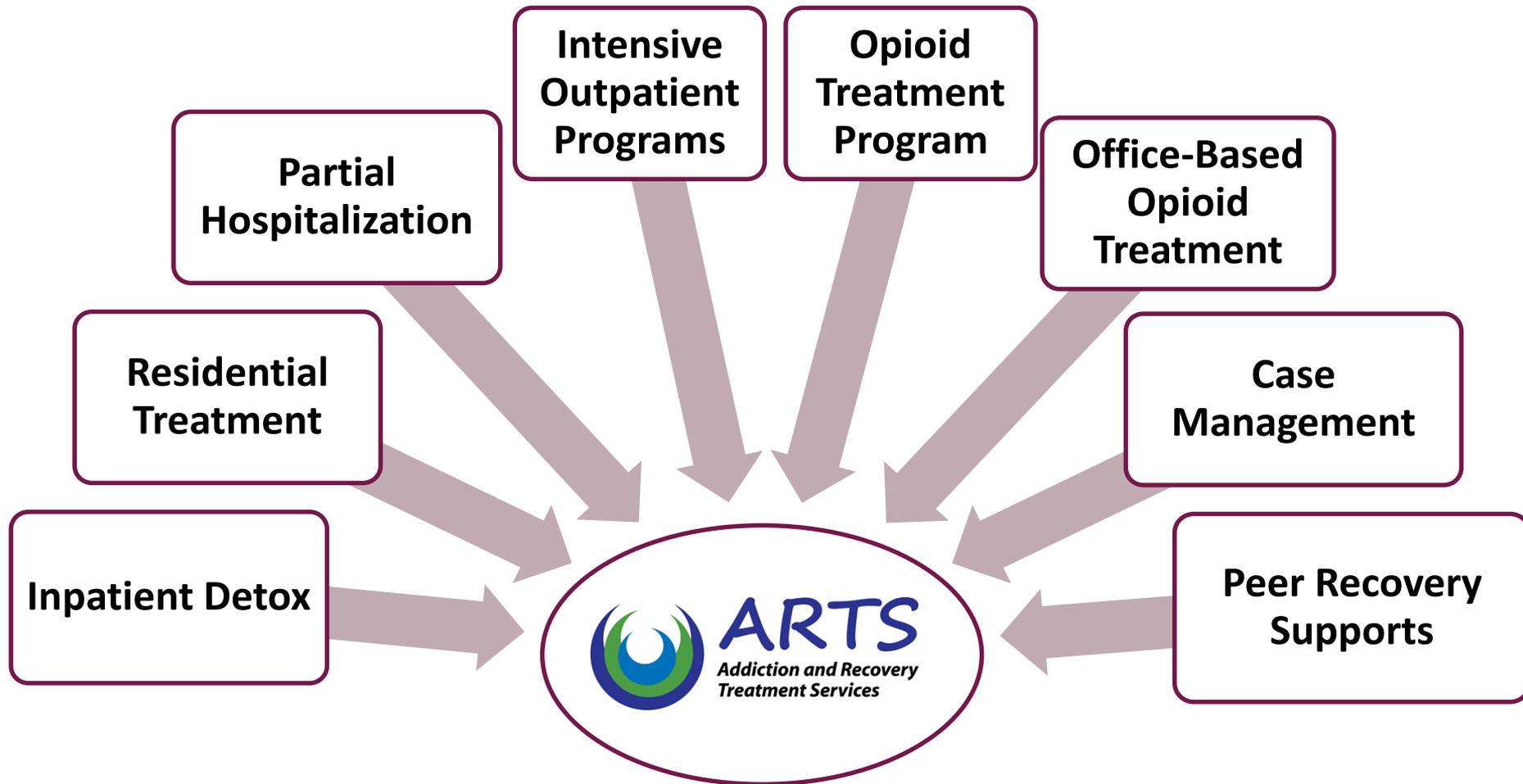
# Enhancement In the Time of Covid-19



Throughout this process, we commit to continued interagency partnership with DBHDS as well as continued alignment efforts with DSS-DOE-DJJ-DOC

# ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) UPDATE

# Supporting Access High Quality / Evidence-Based Care



ARTS offers a fully integrated physical and behavioral health continuum of care based on the American Society of Addiction Medicine.

Slide 25

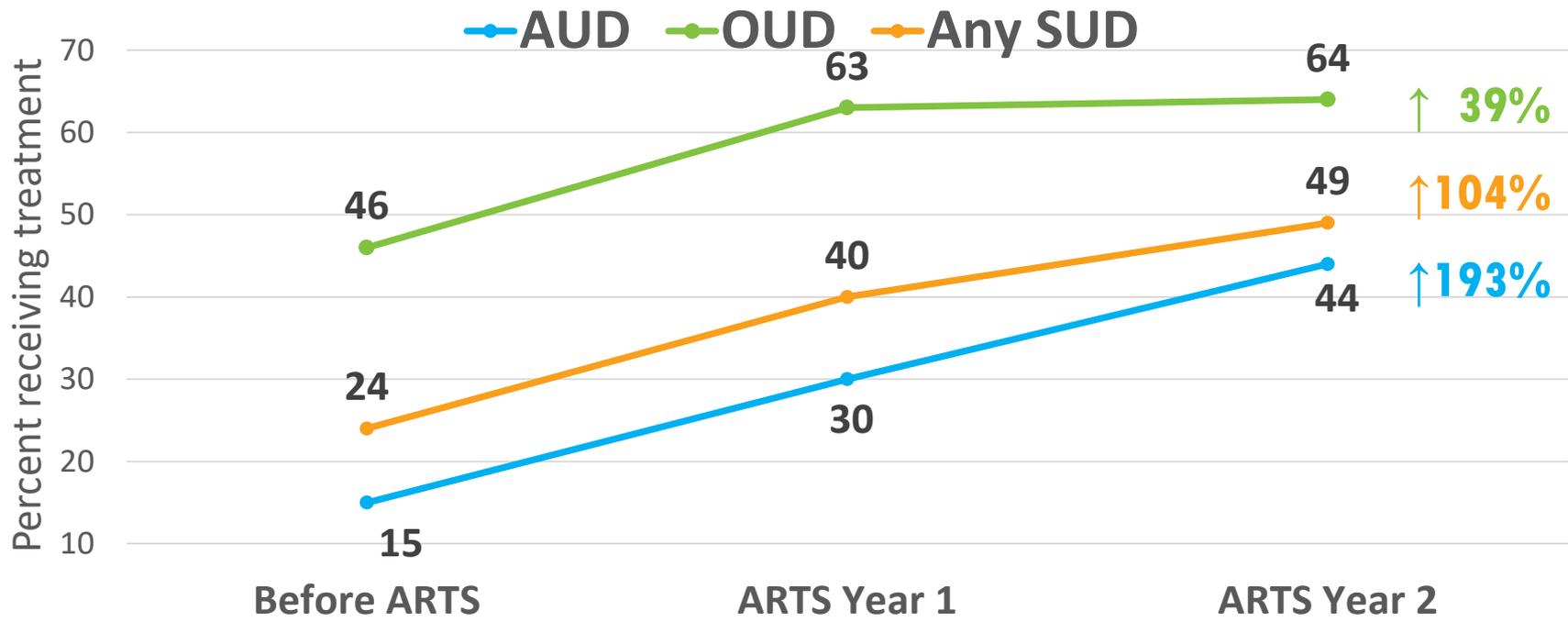
# Primary Evaluation Aims for ARTS

- Access to treatment services for Medicaid members with substance use disorders
- Quality of treatment services
- Outcomes of treatment

# Addiction Treatment Providers Serving Medicaid Members

Provider Type	# of Providers Before ARTS	ARTS Year 3
Inpatient Detox (ASAM 4)	N/A	103
Residential Treatment (ASAM 3)	4	92
Partial Hospitalization Programs (ASAM 2.5)	N/A	22
Intensive Outpatient Programs (ASAM 2.1)	49	136
Opioid Treatment Programs	6	39
Preferred Office-Based Opioid Treatment Providers	N/A	153
Outpatient practitioners billing for ARTS services (ASAM 1)	1,087	4,079

# More Medicaid Members Received SUD Treatment



\*Members enrolled through Medicaid expansion are excluded to maintain comparability with prior years



# Fewer ED Visits Related to SUD per 100 Medicaid Members

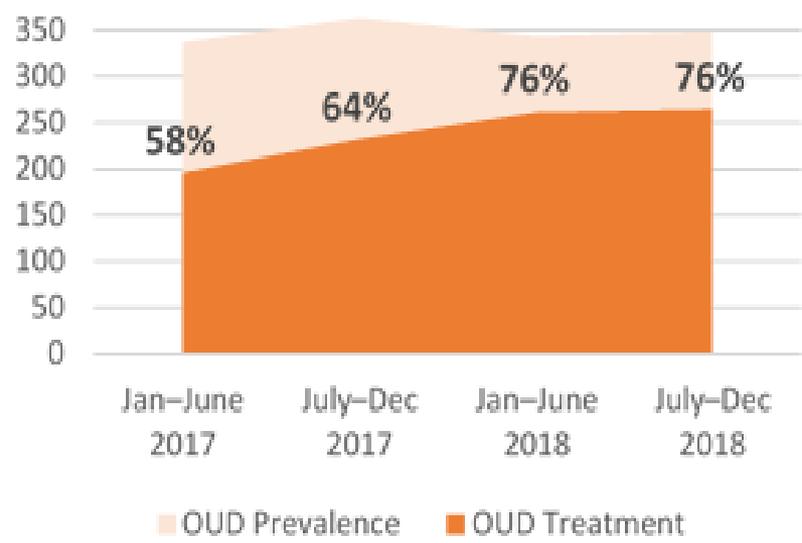
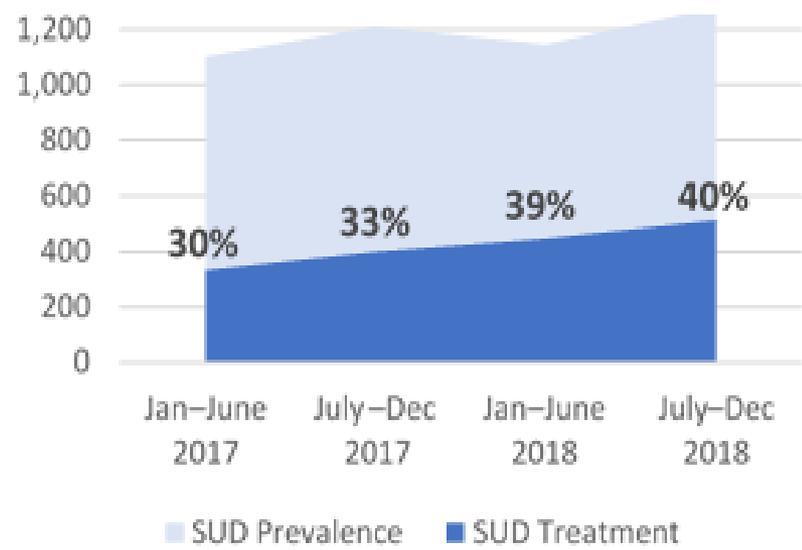
	Before ARTS Apr 2016 - Mar 2017	ARTS Year 1 Apr 2017 - Mar 2018	ARTS Year 2 Apr 2018 - Mar 2019	% Change since before ARTS
All SUD-related ED visits per 100 members with SUD	56	54	52	-7.1%
ODU related ED visits per 100 members with OUD	31	24	21	-32.3%
AUD related ED visits per 100 members with AUD	75	70	73	-2.7%

\*Members enrolled through Medicaid expansion are excluded to maintain comparability with prior years



# Gains in Treatment Rates for Pregnant Individuals

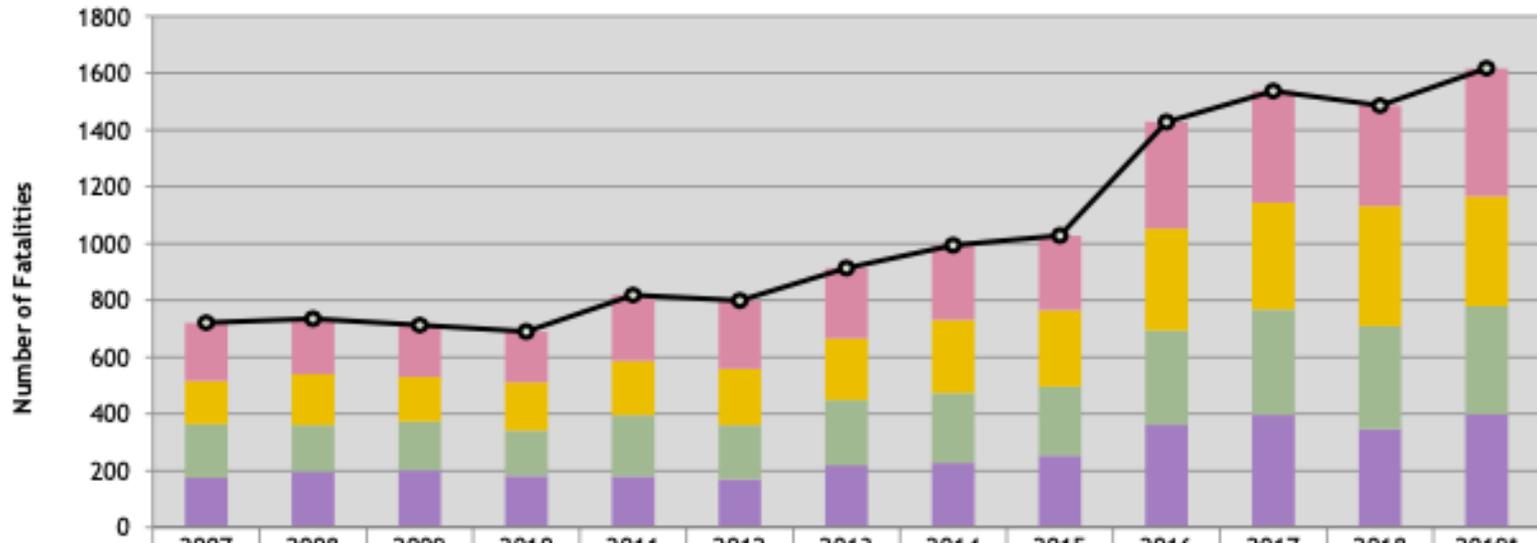
Increase in SUD and OUD treatment rates in the 12 months prior to delivery<sup>1</sup>



<sup>1</sup> Treatment rates reflect the number of members who received any addiction treatment service as a percentage of those with a diagnosed disorder

# Our Work is Not Done

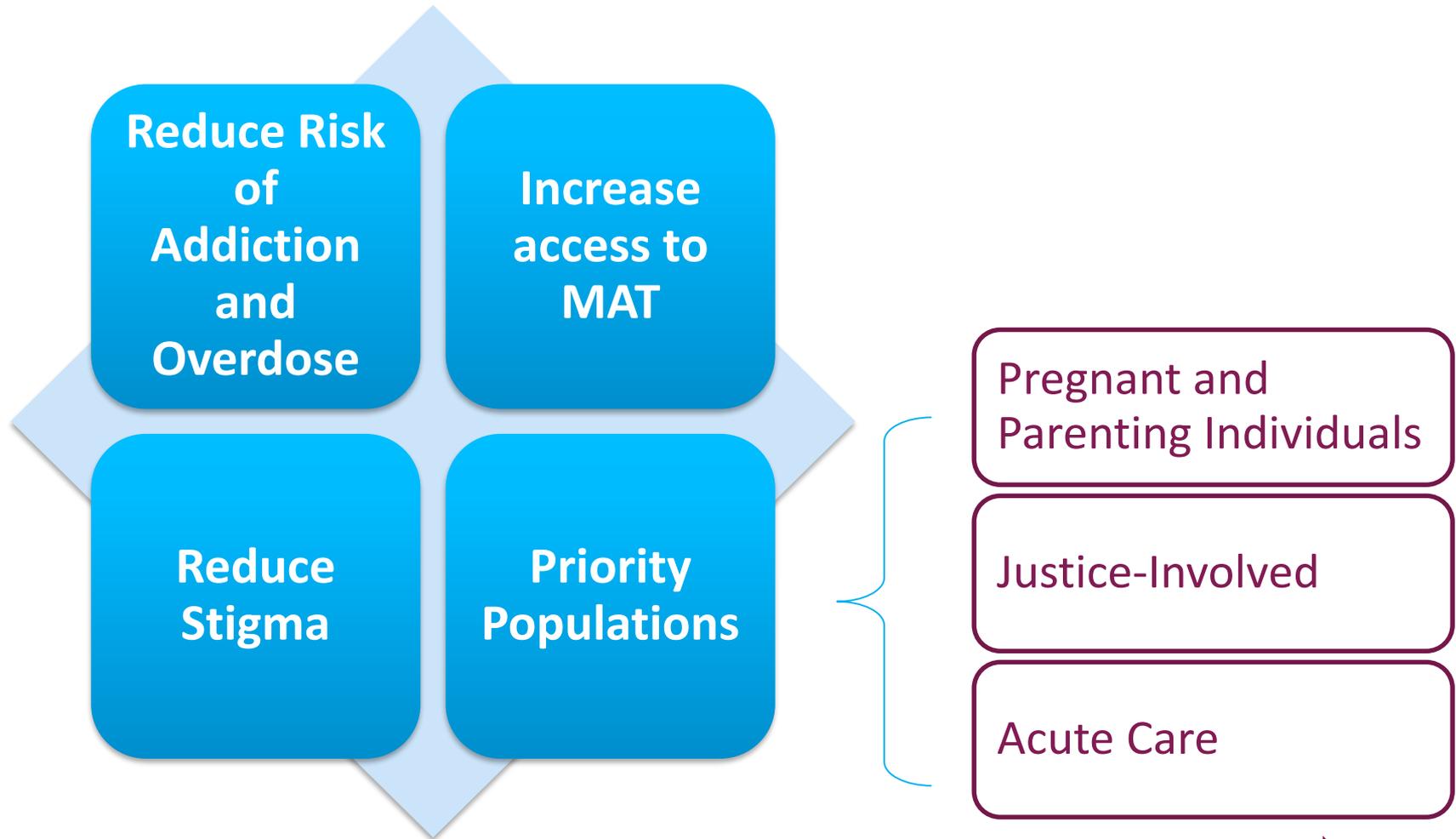
Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2019\*



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*
Q4	205	195	183	179	232	240	248	263	262	375	393	354	450
Q3	152	180	157	170	191	199	217	257	270	359	376	423	388
Q2	188	162	172	159	215	190	230	246	243	332	371	363	380
Q1	176	198	201	182	181	170	219	228	253	362	397	346	399
Total Fatalities	721	735	713	690	819	799	914	994	1028	1428	1537	1486	1617

<https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>

# Evolving Strategy to Address the Addiction Epidemic



Focus to Increasing Access to Treatment for **All SUD**

# What is the SUPPORT Act?

The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act became law on October 24, 2018.

- Notice of Award: September 18, 2019
- Period of Performance: **September 30, 2019 to March 29, 2021 (18 months)**
- **Approved Budget: \$4.8 million**

It is designed to allow states to increase the capacity of Medicaid providers to deliver substance use disorder (SUD) treatment and recovery services through:

- An ongoing assessment of SUD treatment needs
- Training and technical assistance for providers
- Expansion of the number and capacity of providers

# SUD Related Clinical Webinars

## Supported by the Support Act Grant

- Held over 95 webinars since April reaching over 4,100 participants across Virginia!
- Topics include delivering SUD treatment via telehealth, co-occurring disorders, HIV/HepC management, special populations, individual and group therapy, working with families, and much more.

### Virginia Medicaid: Substance Use Disorder Training and Technical Assistance Webinars

VIRGINIA'S MEDICAID PROGRAM  
DMAS

#### DMAS SUPPORT Act Grant: Section 1003 and COVID-19 Response

##### Background

The Virginia Department of Medical Assistance Services (DMAS) was awarded the Centers for Medicare and Medicaid Services SUPPORT Act Section 1003 Grant in September 2019. The purpose of this grant is to decrease substance use disorder (SUD) provider workforce barriers and increase the treatment capacity of providers participating under the state Medicaid program to provide SUD treatment or recovery services. While also recognizing the new barriers SUD providers are experiencing during the COVID-19 state of emergency, DMAS, through the SUPPORT Act Grant, is offering technical assistance and training webinars focused on substance use disorder related topics and treatment practices.

##### Mission Statement

These technical assistance and training webinars are designed to increase SUD knowledge and to provide support to anyone who serves Medicaid members with substance use disorders. The overall goal of the webinars, as well as other grant activities, is to increase addiction and recovery workforce capacity while also creating a culture of understanding, empathy, and support for individuals with substance use disorder in various workforce settings.

##### Webinar Presenters:

###### Paul Brasler, MA, MSW, LCSW

###### Behavioral Health Addictions Specialist, DMAS

Paul Brasler is the Behavioral Health Addictions Specialist with the SUPPORT Grant Team at DMAS. Prior to working for DMAS, Paul was the Head of Behavioral Health at Daily Planet Health Services, a Federally-Qualified Health Center in Richmond, Virginia. Paul has worked in Emergency Departments conducting Psychiatric and Substance Use Disorder assessments, in private practice, in community mental health and in residential treatment. He is a national presenter for PESI, specializing in training for clinicians working with high risk clients.



###### Dr. Mishka Terplan, MD, MPH, FACOG, DFASAM

###### Addiction Medicine Specialist

Dr. Mishka Terplan is board certified in both obstetrics and gynecology and in addiction medicine. He is Senior Physician Research Scientist at Friends Research Institute and adjunct faculty at the University of California, San Francisco where he is a Substance Use Warmline clinician for the Clinical Consultation Center. He is also the Addiction Medicine Consultant for Virginia Medicaid and a consultant for the National Center on Substance Abuse and Child Welfare.



# Addressing Racial Injustices and Impact on Behavioral Health - *Supported by the Support Act*

"Uncomfortable Conversations on the Couch:  
Racial Trauma and Incorporating Culturally  
Sensitive Practices"

VIRGINIA'S MEDICAL PROGRAM  
DMAS

The SUPPORT Act Grant Team and the Virginia Department of Medical Assistance Services (DMAS) are proud to be hosting a training presented by Dr. Rae-Anne Dougan and Dr. Jeremy Walden from *Dougan and Walden Wellness, PLLC*. The training sessions will provide education for healthcare providers and organizations on understanding race-based trauma and incorporating cultural humility in clinical practice.

The training will cover topics such as:

- Exploring what it means to be anti-black, while privilege, and Black Lives Matter;
- Structural racism, racial equity, and their impacts on behavioral health and substance use disorder treatment
- What providers can do to promote discussions around racial trauma and how to address racial trauma in therapy; and
- Learning how to implement culturally humble practices.



Rae-Anne Dougan, PsyD  
Licensed Clinical Psychologist, Co-Founder



Jeremy Walden, PsyD  
Licensed Clinical Psychologist, Co-Founder

## Training Dates

- **October 15th**
- 9:00 am - 11:00 am
- Click here to register:  
<https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e17fb0ac410052d1affe6839e6e82f7ff>

- **October 22nd**
- 3:00 pm - 5:00 pm
- Click here to register:  
<https://covaconf.webex.com/covaconf/onstage/g.php?MTID=ef1cc94d61275909a263db782929e090d>

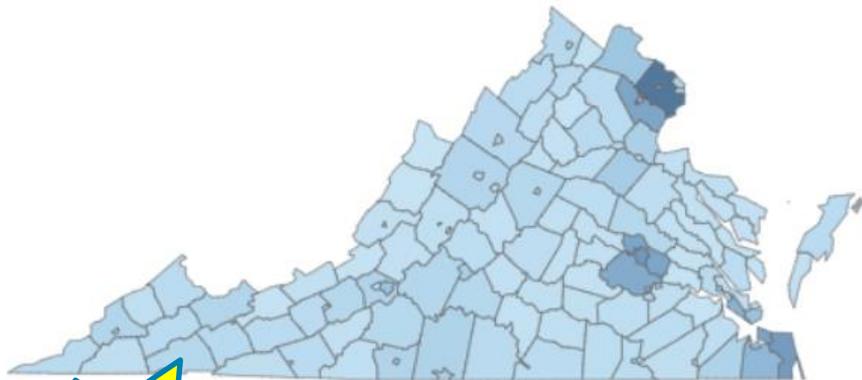
- Reasonable accommodations for this presentation will be provided upon request for persons with limited English proficiency and disabilities. Please notify the DMAS Civil Rights Coordinator at (804) 482-7269 at least five (5) business days prior to the meeting to make arrangements

## Center for Best Practices Learning Collaborative on Strengthening Substance Use Disorder Systems of Care

- Multi-Agency initiative in the Governor's public health and public safety secretariats.
- Goal:
  - **Improving transitions** between levels of care
  - **Coordination of payers** for families at risk of child removal
  - Strategic planning for the **integration of high-quality, evidence-based behavioral treatments** (including co-occurring trauma and SUD at each level of care)
  - **Coordination and improvement in data analytics** across state agencies

# Medicaid Expansion Updates

469,692 newly eligible adults enrolled as of 10/1/2020



**36,372** received an ARTS Service!

Medicaid Region	
Central	120,762
Charlottesville / Western	57,806
Northern & Winchester	91,951
Roanoke / Alleghany	46,733
Southwest	34,490
Tidewater	105,227
Grand Total	456,969

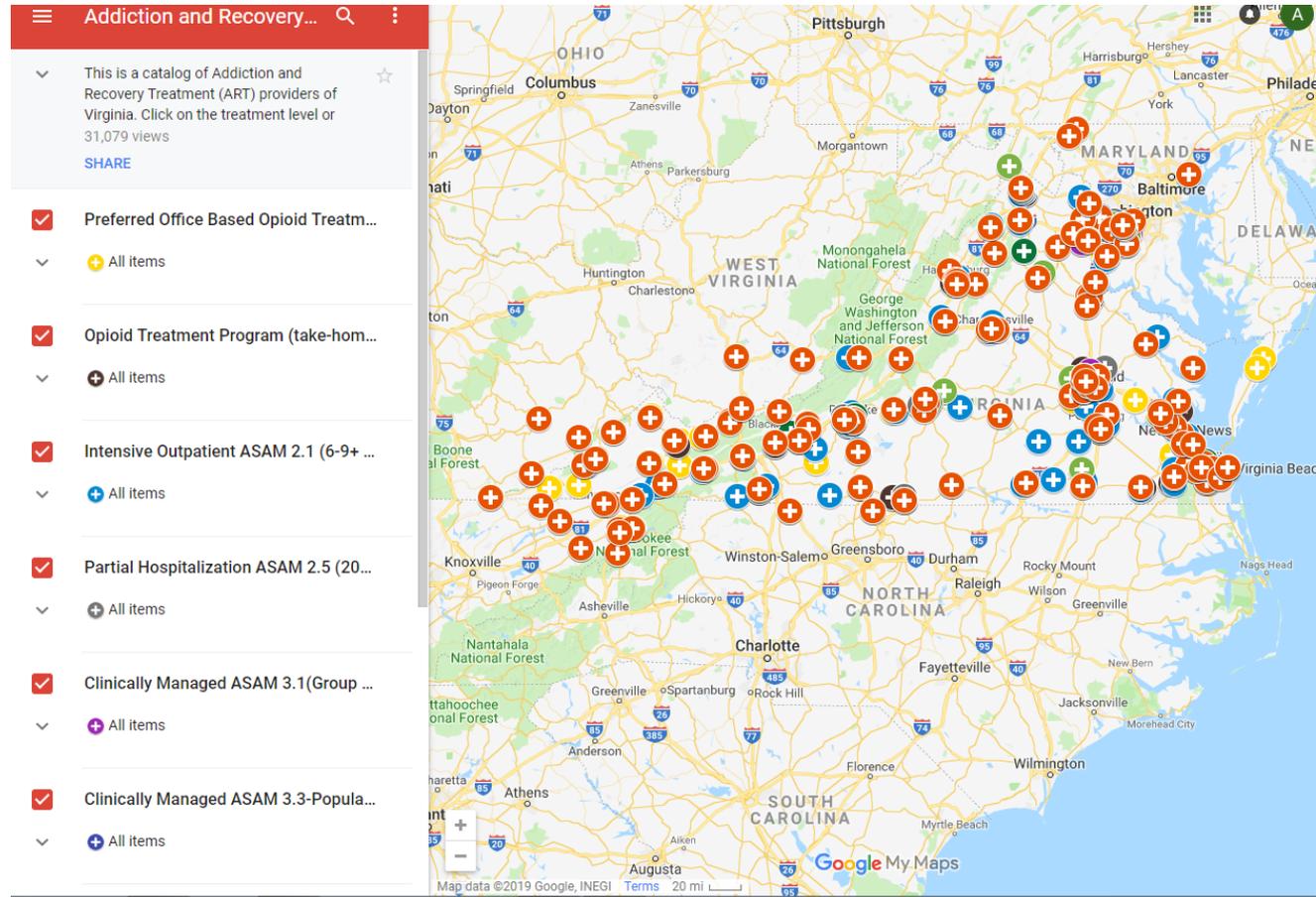
*Medicaid plays a critical role in the lives of nearly 1.5 million Virginians*

# Addiction and Recovery Treatment Services (ARTS)

Visit the DMAS ARTS website to locate providers with Google Maps:

<http://www.dmas.virginia.gov/#/arts>

New!  
Indicates if ARTS  
providers treat  
pregnant  
members



Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:

Behavioral Health: [Enhancedbh@dmas.virginia.gov](mailto:Enhancedbh@dmas.virginia.gov)

ARTS: [SUD@dmas.virginia.gov](mailto:SUD@dmas.virginia.gov)

SUPPORT Act Grant: [SUPPORTGrant@dmas.virginia.gov](mailto:SUPPORTGrant@dmas.virginia.gov)

Please send your email to [enhancedbh@dmas.virginia.gov](mailto:enhancedbh@dmas.virginia.gov) if you would like to be added to the listserv of stakeholders.